

2541

State File No. 106

## ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made  
by the person who made the original)

DIVISION OF VITAL STATISTICS

## SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. 106-179

Place of Birth Miami County Gila No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Male			

DATE OF BIRTH\* June 1, 1916  
(Month) (Day) (Year)FULL NAME Leonard Saari  
FATHERFULL MAIDEN NAME Hilda Randa  
MOTHERI HEREBY CERTIFY that the child described  
herein has been namedErnest Leonard Saari, Jr.  
(Give name in full) (Surname)

(Parent's Signature)

Mrs Hilda Ursitalo  
(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.  
10M 11-41 A.P.

529-601-891